

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



ATTORNEY/AGENT DESIGNATION

Please enter my appearance as an Attorney/Agent for:

1. Applicant/Licensee Name:
2. License Number, if applicable:
3. Trade Name:
4. Establishment's Address:

The purpose of the Attorney/Agent Designation form is to represent the Applicant/Licensee for the following reason(s):

5. Filing an Application for a: a. <input type="checkbox"/> Wholesaler b. <input type="checkbox"/> Retailer <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D c. <input type="checkbox"/> Caterer d. <input type="checkbox"/> Entertainment Endorsement e. <input type="checkbox"/> Tasting f. <input type="checkbox"/> Sidewalk Café/Summer Garden g. <input type="checkbox"/> Change of Hours h. <input type="checkbox"/> Change of Officers	6. <input type="checkbox"/> Contested case(s) other than Protest Hearing. List case number below:	7. <input type="checkbox"/> Protest Hearing

8. Print Name:	
9. Address:	
10. Telephone Number:	11. E-mail Address:
12. Attorney/Agent Signature	Date
13. Applicant/Licensee Signature	Date

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.